

**CRASH ZONE
HEALTH INFORMATION FORM**

Parent/Guardian: Please complete and return this form. We require that the parent/guardian of any student notify Crash Zone of any medication being taken by the child on a regular basis. Thank you

STUDENT INFORMATION

NAME _____

BOY

GIRL

DATE OF BIRTH _____

INSURANCE

Name of insurance program _____ Policy # _____

DOCTOR

NAME _____ PHONE # _____

DENTIST

NAME _____ PHONE # _____

HEALTH INFORMATION

Has your child had any health condition related to the following? If so, please check the box & describe.

- Asthma Diabetes ADD Ear Infections Blood Disorder Other
- Hypoglycemia Kidney ADHD Nosebleeds Physical Disability
- Anxiety Special Diet Migraines Depression Cancer/Tumor/ Leukemia
- Heart Condition Headaches Hepatitis Food Allergies Epilepsy/ Seizure Disorder
- Behavioral Problems Eczema/ Skin Sensitivity

If you marked any of the above, please describe: _____

Does your child require Emergency Medication at Crash Zone? Yes No

- Epi Pen Benadryl Albuterol Inhaler Glucagon Other

Please specify: _____

OTHER IMPORTANT HEALTH INFORMATION

Signature of Parent/Legal Guardian

Date